

Our Center, like the others, has three cores – admin, outreach, and training and education – and is very multi-disciplinary. I am trained in health behavior, and our leadership team includes Jon Vernick, a public health lawyer, as Deputy Director; Shannon Frattaroli, a qualitative and implementation sciences researcher is our Associate Director for Outreach; and Keshia Pollack, an epidemiologist and health policy researcher who is our Associate Director for Training and Education. We have a total of 25 core faculty who represent additional disciplines and affiliate with the Center in a variety of ways across our work.

Our mission is to “close the gap between research and practice”, and we interpret that to be a two-way arrow. Our research must be informed by the needs of the practice community, and the results disseminated to the practice community.

When preparing for how I would use my 5 minutes to talk about how we demonstrate our value and impact, the notion of making connections came to mind. In preparing for our center renewal application, we tried to make the connections between our work and its real world impact, and I think that’s what we are being asked to do here as well. So, a couple of quick examples will illustrate how that can be done.

First, we told the story of how research on the barriers to home safety for low income families with young children led to the creation of a children’s safety center model program that has now been implemented in many children’s hospitals throughout the country and even in some international settings. We also talked about how research on the ability of the danger assessment tool to predict women’s risk of intimate partner homicide led to new law enforcement policies and programs – the lethality assessment program. Finally, in terms of impact on the creation of human capital for our field, we told the story of twenty years of our summer institute, and the accomplishments of some of our distinguished alumni.

But, the question remains, what has our safety center work contributed to reducing the unintentional childhood injury problem? What has the LAP work contributed to reducing intimate partner homicides? What has our SI training contributed to having an adequate workforce for the field? While we have connected the dots between our individual Center’s inputs and some important outcomes, we need more than that.

That’s when the image of a jigsaw puzzle came to mind. The individual pieces vaguely resemble something important, but it’s not until all the pieces are put together that we can really see the whole picture. So, I think the challenge for us in demonstrating the value and impact of the ICRC program to CDC and to the country is in how to put together all the pieces.

Perhaps each injury problem or issue is its own jigsaw puzzle. So we have the unintentional child injury puzzle, the intimate partner violence puzzle, the workforce

development puzzle, etc. Everyone within NCIPC, in the state programs, and in the ICRC's could be contributing their pieces to the puzzles so we can see where the gaps are and who has what skills to contribute to closing those gaps. This would also allow NCIPC to "take credit" for all the work of ICRC's and the state programs not just the work directly funded by CDC, which is important because leveraging the NCIPC resources supports much of our work.

So, my last point has to do with the data we collect for building our jigsaw puzzles to communicate our value and impact – no one wants to do a 1,000 piece puzzle when a 500 piece puzzle will suffice. So let's be very judicious in tracking our metrics!